Natural & Least Restrictive Environments ...where children spend their time

Nebraska Departments of Education (NDE) and Health and Human Services (HHS)

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The Law Says...

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The Federal Individuals with Disabilities Education Act (IDEA) requires that early intervention (EI) services under Part C for infants and toddlers with disabilities from birth to three years of age be provided in natural environments, and that early childhood special education (ECSE) services under Part B for children ages three through five be provided in least restrictive environments.

Natural and least restrictive environments means settings that are natural or normal for the child's age peers who do not have disabilities.

NDE and HHS Say...

- ♦ In support of the IDEA, NDE and HHS rules and regulations require that infants, toddlers and preschoolers with disabilities, ages birth to five, be served in natural and least restrictive environments where children without disabilities spend their time.
- ♦ In response to these requirements, Nebraska is implementing a new model of service delivery—the primary service provider as coach model—as provided through Personal Development Facilitator Institutes (PDFIs).
- ♦ In this model, early intervention, ECSE teachers and related services providers (e.g. SLP, PT, OT) facilitate services and supports in a variety of inclusive early childhood settings by assisting the family or care provider(s) to recognize natural learning opportunities and to increase the child's participation in them.

Service Delivery Through Coaching

- Children learn through relationships with others. Having opportunities to participate in meaningful activities with peers provides children with models for learning developmental skills, but also an environment to promote learning of citizenship, friendship, leadership, responsibility, and empathy.
- ♦ The goal of intervention should be to promote the child's ability to "be and do" by coaching the family's or care provider's ability to enhance the child's development using what the family or care provider considers important.
- The role of the provider becomes that of a coach or facilitator to assist the care provider(s) in identifying and expanding locations, activity settings, and learning opportunities to address the outcomes on the IFSP/IEP.
- ♦ Coaching is a mindset for providing intervention and supports that shifts the service delivery model from expert-driven to learner-focused. Learner-focused intervention is a concept that moves the focus of the intervention off the child with the disability and emphasizes supporting those people involved with the child across a variety of environments.
- Service providers must move beyond simply where services are provided and consider the child's opportunities for learning that currently exist or need to be developed and their role in increasing the child's participation in these opportunities.

Questions?

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- Coaching in early childhood is an interactive process of observation and reflection in which the coach promotes the other person's ability to support the child in being and doing. Being with the partners in life who the child wants and needs to be with and doing what he wants and needs to do.
- Coaching is a reciprocal process between the coach and learner. Coaching may occur between service providers, services coordinators or between a service provider and a parent or other care provider.
- Coaching is an effective tool to gain commitment for functional, discipline-free, learner-focused intervention that makes a difference in the life of the child.
- Coaching is a mechanism for how to provide early intervention services and supports that are family-centered, evidence-based, and learner-focused using a primary service provider model in natural settings.

Selecting the Primary Service Provider as Coach

- A team that uses a primary service provider (PSP) model of service delivery consists of the family, services coordinators and service providers representing multiple disciplines.
- Families are equal members of the team.
- The team is committed to a high degree of collaboration and joint decision-making at all levels of service delivery.
- The PSP is the service provider selected by the team to work with the family and other care providers (learners as determined by IFSP/IEP outcomes, PSP's relationships) with learner(s), and expertise.
- Selecting the PSP as coach involves identifying the key interventionist who has the needed expertise at the critical time.
- The PSP can and should change over time based on the changing skills of the learners across activity settings.
- Team members are responsible for coaching the PSP. Other team members may coach the PSP on skills traditionally associated with one discipline. The coach is then responsible for ensuring the competency of the learner.
- The PSP is responsible for sharing information and obtaining input from and between the family and other team members.
- The team may also identify a secondary provider who will be co-visiting with the PSP (scheduled session at same time, same day) in order for the PSP to learn skills, strategies and activities from the secondary provider. Co-visits are scheduled for a

limited period of time, and then the secondary service provider moves to providing coaching to the PSP.

Dathan Rush, and M'Lisa Shelden, **Puckett Institute** Morganton, NC, for permission to use material from their Personal **Development Facilitator** Curriculum.

We would like to

thank

www. Puckett.org/ coaching

The Nebraska Departments of Education and Health and Human Services are in the process of creating a network of state, regional and local supports to facilitate the implementation of a coaching model in natural and least restrictive environments. By November 2002, through training provided at PDFIs, each of Nebraska's 29 planning regions will have a team of facilitators in place to provide coaching and training to support implementation of this initiative. The PDFIs are designed to build capacity and support the state's continuous improvement plan for special education and early intervention.